



**SHAPING LIVES FOR
SUCCESS**

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2017-2018 Application & Registration for Pre-K – 8th Grade

Date of Registration:											
Student Information											
Student's Legal Name:	Last			First				Middle			
Date of Birth:	Month	Day		Year		Place of Birth:	City		State		
Grade for Fall 2017 (Circle One):	P4	K5	1	2	3	4	5	6	7	8	
Address:	Street										
	City			State			Zip		County		
Ethnicity (Circle One):	Caucasian	Hispanic		African American		Asian		Pacific Islander		American Indian or Alaska Native	Other: _____
Gender:	Male	Female		Primary Language:							
Citizenship:											
Home Church:					Baptized:	Yes	Date:		No		

Family Information										
	Father			Mother			Legal Guardian			
Legal Name										
Home Address (if different from above)										
Home Phone Number										
Cell Phone Number										
Email Address										
Preferred Contact	Home	Cell	Email	Home	Cell	Email	Home	Cell	Email	
Occupation										
Education										
Birth Date										
Birth Place										
U.S. Citizen	Yes	No		Yes	No		Yes	No		
SDA Member	Yes	No		Yes	No		Yes	No		
Church Membership										
Marital Status										
Primary Language										

Family Information Cont.

Has your child been through any traumatic experiences, divorce, or death within the last two years?

Yes

No

Explain:

Will you be able to make tuition payments on a timely basis? (Tuition payments are due by the first of each month.)

Yes

No

Are you willing to fully support the school uniform guidelines and regulations which are stated in the school's student handbook?

Yes

No

Has your child ever received or is he/she now receiving and special educational services?

Yes

No

Explain:

Parent(s) Signatures

I agree to adhere to all of the policies and guidelines of the Atlanta North School Handbook, make school tuition payments on time, and follow financial student and parent responsibilities.

Signature:

Date:

Signature:

Date:

Student Signature

Signature:

Date:

Please provide copies of the following items to the School Office upon application:

Immunization Record – GA Form 3231

- Pre-K & K: Hepatitis B & Varicella
- 7th Grade: MMR-2

Certificate of Ear, Eye, and Dental Examinations – GA Form 3300

Proof of Birth – Birth Certificate, Hospital Record, Passport, Green Card, Pink Card, or Federal I-94 Card